

ROOM TAX PERMIT APPLICATION

PERMIT # _____

TODAY'S DATE: _____ PERMIT FEE: _____

NAME OF APPLICANT _____

NAME OF
BUSINESS: _____

PHYSICAL ADDRESS OF
RENTAL: _____

NUMBER OF UNITS AVAILABLE FOR RENT: _____

PRESENT RATE SCHEDULE: _____

(Please attach your printed schedule if available)

DATES BUSINESS IS OPEN: _____

PHONE NUMBER (owner or manager) _____

Signature of owner/ Authorized Agent

SEND QUARTERLY REPORT FORMS TO: _____

(If different from above.)

Please remember to apply for your WI Sales Tax/Seller's Permit number.

Don't forget to send the 5 1/2% State & County Sales Tax collection to WI DOR!!

FOR OFFICE USE

Permit Number _____

Zoning District _____

Date Permit Issued _____

Oneida County Zoning Approval _____

Tax Parcel # _____

Section _____ Town _____ Range _____